# Missouri Customized Training Program

Policies and Procedures for the Administration of Classroom Skill Training Projects

#### A Program of the:

Department of Elementary and Secondary Education Division of Career Education

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# Getting Started – DESE

## What is DESE Customized Training?

A Customized Training program is defined as a program having met <u>all</u> of the following criteria:

- Varies in content, length, schedule, and/or teaching methods from existing day or adult evening school programs.
- Specifically designed for an employer (or consortium training a small group of employers within reasonable geographic proximity and who agree to participate in a joint program).
- Individuals participating in customized training classes are employed full-time (35 hours per week) by the company submitting the proposal. For the only exception, see *Preemployment Training*.
- The skills for competencies taught in a customized training program are directly applicable to current job requirements or established criteria for advancement with participating employers.
- Customized Training programs are of a "one-time" nature. Periodic recurring training programs (e.g. training for seasonal employment or annual product changes) are not eligible for customized training assistance.

# What Benefits Does DESE Customized Training Provide?

Customized Training as an integral part of Vocational, Technical Education which provides a bridge or partnership between the State of Missouri, Local Education Agencies, Industry, and the post-formal education student (employees). With State of Missouri funding, training assistance can be provided to local companies around the state. This funding provides educational opportunities for the entry, production, and primary management level employees.

#### **Benefits to the Companies**

- <u>Cost share of training</u> to companies requiring training above and beyond their normal operating needs, which will assist them in meeting specific goals.
- Closer working relations and better communication with Local Education Agencies.
- <u>Upgrading of employee skills</u> to allow companies to become more efficient, hence increasing profits.
- Training of new employees at a pace faster than would normally be achieved.
- *Retraining of existing employees* to reduce layoffs and or turnover.
- Expanded knowledge base of instructors that might not be available internally.
- External expertise for areas of "Needs Assessment" and "Goal Setting".
- *Accounting and record keeping system* assistance available.
- Documentation and curriculum development not available through other means.
- <u>Training development and instruction</u> by "training professionals".

#### **Benefits to the LEA**

- <u>Better utilization of staff</u> for training (more staff means expanded and broader base of knowledge).
- Closer working relations and better communication with local companies.
- Better public relations with community.
- Attracting students for unrelated future training.
- *Industry donations*, such as equipment is potentially available.
- Specific knowledge of local industrial processes and workforce requirements.

#### **Benefits to the Employees**

- *On site training.*
- Increased knowledge and skills for advancement and increased income.
- <u>Increased job security</u>.
- *Marketability* for future endeavors.
- Increased familiarity with the LEA and workforce development activities.
- *Increased income* (wages, company stock, gain-sharing, profit sharing).

#### Benefits to the State of Missouri

- Better relations with community, employees, companies, and LEA.
- <u>Increased taxes</u> through increased wages, bigger profits, and more employees working.
- <u>Economic stability</u>.
- Better educated and skilled workforce.
- Economic diversity.
- <u>Increased quality of life</u>.

#### **COMPANY & TRAINEE ELIGIBILITY & FUNDING**

Companies classified as new, expanding, or retraining according to the following criteria are eligible for Customized Training funds through the Department of Elementary and Secondary Education (DESE). DESE funding is primarily for manufacturing interests. Other manufacturing-related firms may be considered on a case-by-case basis. See Pg. 20 for Applicant Screening and Referrals and substitute DESE for DWD accordingly.

**NEW**: New firms require training as the result of hiring a new workforce. A new firm is defined as:

- an establishment conducting business in the private sector
- a result of relocation or startup of a new business

A firm is considered "new" if the sponsoring firm is located in a separate facility and administered under separate management. The purchase of an existing business is not considered a "new firm".

Workforce must be employed/hired and the business must be "open" prior to funding approval. (Exception: "Pre-employment" training, as defined on Pg. 8)

**EXPANDING**: Expanding firms require training as a result of expansion of their facility or workforce. An expanding firm is defined as:

• an established **private sector** Missouri business which is increasing employment and/or making a substantial investment in Missouri

Firms which hire seasonal/temporary employees and firms recalling laid-off employees are not considered "expanding".

**RETRAINING**: Existing firms require training as a result of new products, services, technologies, or productivity requirements without creation of net new jobs. An existing firm is defined as:

• An established **private sector** Missouri business which requires training of current employees due to new products, services, technologies, or productivity requirements, as well as training for skills which are required to support, and which result from new capital investment.

#### **Funding and Trainee Eligibility:**

From DESE, the maximum reimbursement for a project in any one fiscal year is \$50,000.

**DESE's normal reimbursement rate is a maximum of 50% of approved and eligible expenditures** (Exceptions: See Needs Assessments-Pg 7 and First Year Consortiums-Pg 18.)

DESE does not fund training for temporary/seasonal employees or part-time employees (less than 35 hours/week).

## **ELIGIBLE & INELIGIBLE CLASSROOM TRAINING COSTS**

The Missouri Customized Training Program through the Department of Elementary and Secondary Education (DESE) may provide full or partial funding assistance for classroom training expenses <u>above and beyond</u> a company's normal training needs.

COST	ELIGIBLE	INELIGIBLE
Instructional Salaries hours of actual instruction.	Х	
Instructional Design & Development (Writing, illustrating, & development of instructional materials, analysis to determine training needs, or performance consultants.)	X	
Fringe Benefits (Only for LEA Instructors)	Х	
Travel Expenses (Mileage for LEA Instructors)	Х	
Supplies	Х	
Company Needs Assessment *	Х	
Vendor Training**	X	
Tuition Costs (paid as instruction)	X	
Pre-employment Training (Pg. 8)	Х	
Computer Training (Directly applicable to the production process. Office/support staff not eligible)	Х	
Job Aids, <u>Custom</u> Videos, Technical Manuals (Custom production for that firm's processes. DESE funds may only be used to update every 3 years.)	X	

COST	ELIGIBLE	INELIGIBLE
OSHA/Safety Related Training		Х
Other Training subjects which are considered a normal operating cost of doing business. (Rightto-Know, Sexual Harassment, Environmental Compliance, etc)		Х
New Hire/Company Orientation		Х
Basic Skills Training available through short term adult education or Classes available in a normal adult-education catalog (not customized) or ABE.		Х
Training Focused on Senior Level Management		X
Equipment (LEA only – see "Equipment Eligibility")	X	
Equipment or Software purchased for company		Х
Trainee Wages		Х
Vendor or Company Employee Travel Expenses		Х
Costs Exceeding equivalent LEA services ****		Х

<sup>\*</sup> **Company Needs Assessments** should be calculated on an hourly basis. May be approved at 100% reimbursement rate, up to a \$5,000 maximum once every 3-5 years. Smaller amounts may be approved for ongoing assessment.

<sup>\*\*</sup> **Vendor training**: Vendor training may be limited to a dollar amount equivalent to the LEA, if the LEA is able to provide training at the same level of expertise. The company may be asked to document why it believes the LEA is not qualified to perform the work.

#### **Pre-employment Training**

#### Pre-employment training is eligible if:

- The employer requires potential employees to possess certain entry level skills prior to employment;
- The potential employees are willing to invest time without pay to acquire the named skills; **AND**
- Potential employees understand the employer is not obligated to hire them if the level of skills required is not obtained.

#### The guidelines for pre-employment training programs are as follows:

- The program will be identified with the LEA.
- Instructors will be employed by the LEA. When a firm is providing instructors, a binding service contract will be executed between the school and employer for the services of these individuals.
- The associated school is responsible for recruitment, enrollment, and placement.

Activities designed to assess the skills or aptitudes of individuals applying for employment with an eligible firm may be provided as long as those activities are short term in nature.

#### Administration Costs and Salary Reimbursement

Administration is customarily approved and reimbursed to the LEA at 15% of the actual reimbursed dollars paid out on FV-2s submitted. This amount is based on a combination of Direct and Indirect Administrative Costs, as identified further below. However, DESE reserves the right to request documentation/submission of Administrative Costs, as follows:

<u>Indirect Administration</u>: Indirect Administration is calculated by multiplying the educational institution's approved restricted indirect cost rate by the project reimbursement amount determined by DESE.

Direct costs of administering and supervising a Customized Training project will be reimbursed on a line item basis. **Direct Administration** costs may include:

\*Postage, \*Staff time procuring training resources, \*Staff time preparing and submitting proposal, \*Time spent on-site monitoring and supervising training projects, \*Staff time preparing required program reports, \*Clerical support to projects, \*Advertising, \*Mileage related to administrative duties, or \*Staff time interviewing/selecting staff for training programs.

In no case may a combination of indirect and direct administrative and supervisory costs be approved which exceed 15 percent of the total costs of implementing a customized training project.

SALARY REIMBURSEMENT GUIDELINES: LEA staff already receiving other types of salary reimbursement from DESE will only be reimbursed for overload time directly resulting from providing Customized Training services; the time above and beyond an individual's regularly assigned duties for which the LEA is receiving reimbursement. (i.e. salary reimbursement for Customized Training responsibilities, can not come from two or more DESE funded budgets.)

#### **Equipment eligibility:**

- LEA Training-related equipment may be purchased on a <u>limited basis</u> and is defined as non-consumable supplies with a unit cost in excess of \$250.
- Training-related equipment may be leased or rented with prior approval of the state Customized Training Staff.

Equipment purchase funding will be made at the end of each Fiscal Year, **based on available funding**. Equipment purchase requests must be made in writing to DESE and must include:

- ⇒ A statement relating purchase to a specific project objective or industry demand, accompanied by a plan outlining future use of the equipment for customized training projects and/or existing full-time vocational programs.
- ⇒ An FV-4 and FV-2 with attached invoices for specified equipment, dated prior to the end of the current Fiscal Year, **including serial number and paid check number**.

All such equipment must be maintained on LEA inventory per current DESE policy and procedure found at http://dese.mo.gov/divcareered/equipment\_guidelines.htm.

# Implementation - DESE

# APPLYING FOR CUSTOMIZED TRAINING FUNDING AND APPROVALS

#### Applying for Classroom Training Funds

⇒ LEA's must meet End of Year (EOY) reporting requirements (including submission of Participant Summary and Accountability Tool Forms) for the previous Fiscal Year. LEA and Company history of EOY reporting is considered in funding decisions. Non-compliance may result in delays of funding decisions.

Applications for Customized Training funds are reviewed and/or tracked by both DESE and DWD. **ALL applications should be mailed to both agencies, with the original to DESE**. The application for Customized Training funds through DESE should include the following:

- ⇒ Employers Request for Training (ERT) Requires signature of Company CEO, President, or Plant Manager. Other Signatures will require a letter of Company authorization
- ⇒ Classroom Skill Training Proposal, which includes (Sample forms found in Appendix):
  - \* Company/LEA Information Sheet
  - \* Project Goal Statement
  - \* Component Description Page (for each training component submitted)
  - \* Budget Detail
  - \* Vendor Worksheets if applicable
  - \* Agreement for Services to Be Provided ( signed )
- ⇒ **FV-4** (Signed Original) See Appendix

The application will not be considered until <u>all</u> items are received in a complete and accurate fashion.

**Funding / Approval Considerations**: Customized Training is a project-driven program. Various factors are considered when reviewing projects for funding. Each project is unique. Some of these factors include:

- ⇒ Merit of the Proposal (see **Proposal Suggestions** this section)
- ⇒ Company's funding and expenditure history, as well as final reporting history (How long with program? Have funds been utilized?)
- ⇒ Receipt Date of Project (except during the submission period May 15 June 30)
- ⇒ Availability of Funds
- ⇒ Classification (new, expanding, retraining)
- ⇒ Eligibility of: company, job categories receiving training, and type of training

⇒ Supplemental LEA input

## <u>Proposal Suggestions:</u> Training proposals should contain as many of the following characteristics as possible.

#### PLANNING:

- ⇒ Desired training is clearly defined
- ⇒ Contains supporting data or needs analysis
- ⇒ Outcomes are clearly defined and measurable
- ⇒ Reason(s) for training is (are) clearly defined
- ⇒ Gap analysis has been conducted

#### **EXECUTION:**

- ⇒ Training supports specific business objectives
- ⇒ Training is aligned with **measurable** performance objectives
- ⇒ Training success is linked to learning objectives
- $\Rightarrow$  Training is aligned with company processes
- ⇒ Training reflects workplace requirements (directly related to job tasks)

#### ASSESSMENT:

- ⇒ Success of skill transfer will be measured
- ⇒ Contains plans to evaluate employee satisfaction
- ⇒ Contains plans to measure training impact on the organization
- ⇒ Specific objectives are measured

#### **COMMITMENT:**

- ⇒ Evidence of top management support (Letter of support from Plant Manager or CEO is recommended)
- ⇒ Training is part of company's quality or long-term training plan
- ⇒ Detailed plan for training reinforcement, follow-up
- ⇒ Documentation indicates company has a history of supporting training in years when they have not received state funding

#### CREATIVITY:

- ⇒ Innovation approach to training designed to increase effectiveness
- ⇒ Manufacturers working creatively together to solve common problems

#### **Approvals**

Project Proposals will be accepted beginning May 15 and will be approved after July 1. During the period May 15 – June 30, funding considerations are not based on date of receipt. After July 1, date of receipt will be a factor in review and approval of projects.

Approval letters will be sent to the LEA. Approval letters will outline eligible components and may include restrictions, maximum spending caps on individual line items, or training costs.

The approved funding amount may not cover all approved costs. It is the responsibility of the company and the LEA to determine how the funds are to be distributed, between approved components. Reimbursements will be made in accordance with the eligibility and reimbursement policies and procedures.

#### REIMBURSEMENT PROCESS

#### The Reimbursement process for DESE is as follows:

- ⇒ Requests are submitted to DESE on an official FV-2 Form. The FV-2 must include an original signature and date. These forms are available at DESE's website <a href="http://www.dese.mo.gov/divcareered/forms.htm">http://www.dese.mo.gov/divcareered/forms.htm</a>.
- ⇒ Requests should be submitted monthly, when training is occurring.
- ⇒ The FV2 should summarize the total of each spending category, BY PROJECT: instruction, development, administration, etc. (Documentation which clearly shows this summary BY PROJECT is sufficient, but an FV2 must still be submitted showing expenditure and administration.) Administration is included in the "Total Expenditure" figure.
- ⇒ Documentation for training expenditures must accompany the FV2 (see next page). **Specific training date ranges** should appear on the FV2.
- ⇒ Processing is through the last *business* day of any particular month, (as determined by Career Education Finance). That month's processing is reimbursed around the 20<sup>th</sup> of the following month.
- ⇒ Print-screens of FV2 processing will be sent to the LEA's Customized Training contact
- ⇒ Wire Transfer information is sent to the LEA's central finance office. The LEA's customized training contact should make internal arrangements to coordinate project reimbursement information (their FV2s and DESE FV2 Print-screens), with the LEA's central finance office.
- ⇒ Monthly career education payments may be viewed at:

  <a href="http://www.dese.mo.gov/divcareered/voc\_payment\_statement.html">http://www.dese.mo.gov/divcareered/voc\_payment\_statement.html</a>. To see

  Customized Training payments, look for the program code 18-10. The total of reimbursements listed on your print screens, for any one month, should total the program code 18-10 pay-out the following month.
- ⇒ DESE will occasionally send a YTD print-out to the LEA detailing payments. It is the LEA's responsibility to review the print-out in a timely fashion, so adjustments may be made.
- ⇒ DESE **will not** accept FV-2 forms for the fiscal year after a predetermined date established annually by DESE. Currently FV2 reimbursement requests for DESE reimbursement must be received by close of business on May 15<sup>th</sup>. DESE funded training activities should be completed by April 30<sup>th</sup>.

#### **Documentation:**

Documentation must accompany the FV-2. Reimbursement requests must include the following by component, by category (instruction, development, supplies, etc):

- Training dates or a specific date range, (**not "the month of . . .**").
- Reimbursement requests for Instruction or Development must include:
  - ⇒ Instructor name (LEA or Company)
  - ⇒ Number of hours multiplied by actual dollars paid per hour.

**NOTE:** Reimbursable hourly rates should reflect ACTUAL hourly rates, before fringe or benefits. DESE funding may not exceed 50% of a maximum \$50/hour or the actual hourly rate – whichever is less.

Hours are figured by class session. HOURS MAY NOT TO BE MULTIPLIED BY NUMBER OF PARTICIPANTS or multiple instructors.

Reimbursement of instructional salaries is based on a student-to-instructor ratio of 10-to-1. DESE reserves the right to pro-rate reimbursement for smaller groups.

• **Vendor training invoices** and/or FV2 documentation must clearly indicate Instruction and Development hours, rates, and dates of service <u>or per/person</u> daily rates and dates of service. <u>Flat rate consulting fees cannot be reimbursed</u>. Daily **per/person** rates are limited to 50% of a maximum \$300 per day.

Company requests for reimbursement of vendor training MUST furnish the LEA a copy of the original invoice for LEA files. LEAs should check the invoice to insure vendor billing clearly shows instruction/development hours, rates, dates of service, or per/person daily rates. If this information is not broken out, the expense may not be submitted for reimbursement, until the vendor furnishes an appropriate billing.

• Supplies must clearly indicate per item or per/participant rates. A one or two word description is helpful. Single item costs which exceed \$250 are ineligible. Single item supplies which exceed \$250 may NOT be pro-rated on a per/participant basis.

**(Supplies** are items which are consumed in use or lose their original shape or appearance with use. Items exceeding \$250 are considered equipment and are not eligible.)

- Travel Expenses may be paid, if LEA instructors are used to provide project training. Travel should be documented by No. of Miles X Cost/Mile. Mileage rates are based on LEA or the current State mileage rate, whichever is less. Travel expenses are not allowed for vendor or company trainers.
- The following documentation must be **maintained in the LEA's files:** (This documentation may be summarized on a spreadsheet or other format for reimbursement.)
  - ⇒ Instructional salary information to include Social Security number, time sheets, and payment records, for LEA, Company, or Vendor training.
  - ⇒ Paid receipts for supplies.
  - ⇒ Paid receipts from service provider for services rendered.

# Responsibilities - DESE

#### REPORTING REQUIREMENTS

The deadlines listed are **minimum reporting requirements** for DESE's Missouri Customized Training Program. Monthly submissions should be made for training expenditures.

#### **Involuntary De-Obligation of Funds**

The company must meet these criteria to avoid involuntary de-obligation:

- **1.** 50% of the original approved budget is required to be expended, documented, **and received at** DESE by January 31.
- **2.** The remainder of project approved expenditures should be completed by April 30<sup>th</sup> and received at DESE no later than the final receipt date established annually (Currently 5/15).

This requirement is agreed upon by all parties when the contract is signed. Failure to meet these requirements will result in the forfeiture of funding. The exception to this policy would be:

- $\Rightarrow$  A training schedule <u>approved as part of the original proposal</u>, which would prevent training from occurring and reimbursement submissions, as outlined above.
- $\Rightarrow$  A project approval date after October 1st.
- ⇒ The company (in writing) documents the problem of training not taking place is beyond their control (e.g. new equipment didn't arrive, fire or disaster, construction delays, etc.).
- ⇒ **Exceptions will not be granted** for training delays due to: production schedule not allowing time for training, corporate delays on decisions with regard to training, not enough time to prepare billings, staff or employee turn-over, etc.

#### **Voluntary De-Obligation of Funds**

Voluntary De-Obligation of funds is a discretionary policy, dependent upon the current DESE budget environment.

In managing a project at the local level, it may become apparent a company's training schedule will not utilize funds, in a manner which meets the 50% spending requirement. If the company is agreeable, "voluntary" de-obligation may be requested.

#### Requirements/Considerations of Voluntary De-obligation:

- Requests MUST be received at DESE, 30 days <u>prior to</u> regular de-obligation deadlines. **December 31 is the last day <u>voluntary</u> de-obligation requests will be accepted**.
- Voluntary de-obligation requests should be accompanied by a company letter, showing the company is in agreement with the request, including an explanation of the training delays.
- The LEA from which voluntary funds are released will get first consideration for redistribution of these funds; subject to the DESE budget environment. Funds will not be "held" indefinitely for an LEA who does not have existing project needs.

- Voluntary de-obligation of a project's funds should be considered final. The company or LEA cannot decide at a later date, that the project needs the funds back just because it was voluntary. However, a company may request re-consideration, if they can demonstrate training needs have re-developed.
  - Companies whose funds were reduced by <u>involuntary</u> de-obligation will not be considered for future funds, within the same fiscal year.
- Voluntary de-obligation is designed as a project management tool not an ongoing way of administering program funding. Misuse of voluntary de-obligation may impact funding considerations in a negative way.

#### **End of the Year Reporting Requirements**

⇒ DESE **will not** accept FV-2 forms for the fiscal year after a predetermined date established annually by DESE. (Currently May 15th)

Each company receiving funding assistance through DESE must submit the following, Forms available at (scroll down page): <a href="http://www.dese.mo.gov/divcareered/forms.htm">http://www.dese.mo.gov/divcareered/forms.htm</a>.

- ⇒ Classroom Participant Training Summary form, for each project. (Upon completion of the project or No Later Than June 15<sup>th</sup>.)
- ⇒ **Accountability Tool for 30% of projects funded by DESE.** (If fewer than 5 projects, then at least one.) Initial filing for Accountability Tool Project Impact Measure(s) is due November 1<sup>st</sup>. For "End of Contract Year" tracking, due no later than July 15<sup>th</sup>. For "12 months After End of Contract year" due the following July 15<sup>th</sup>.)
- ⇒ **Surveys** (As requested)

#### Accountability Tool:

- Each LEA will have 30% of DESE funded projects participate in this assessment tool. The projects will be selected jointly by DESE and the LEA, to include a variety of company sizes, types, and types of training. They will be selected following DESE approvals.
- Project goal information for selected participants should transfer from the "Project Goal Statement" page of the project proposal and include specific project impact measures, which clearly state the numeric baseline and goal achievement.
- In the DESE section of the Signed Agreement for Services, item A14 clearly identifies the potential company obligation for reporting and 12 month follow-up, if their DESE-funded project is selected for participation.
- The Accountability Tool is a DESE-only end-of-year report.

# OTHER: PROJECT REVISIONS, TRAINING CONSORTIUMS

#### **Project Revisions**

Items included in the original proposal which were not approved may be reconsidered, if new or compelling information about the training proposed is available. New components may also be considered.

Additional components may be approved with or without additional funding.

In order for new components to be considered:

- ⇒ A component description and revised budget detail must be submitted
- ⇒ An explanation detailing why additional or different training is needed

#### **Training Consortiums**

Training Consortiums can be funded by DESE. They consist of several manufacturers, with similar training needs, which are still considered "customized".

They should be located in a geographical area, so as to make sharing of training resources reasonable. By pooling resources, effective use of training funds occurs. Experience indicates those consortiums who receive the greatest benefit are those where all members contribute financially and/or by contractual agreement to the project, in addition to DESE funding.

First-Year training consortiums may receive funding up to 70%, depending upon availability of funds. Training Consortiums are project driven. **Their approval will be based on both eligible components and individual company eligibility**.

⇒ An ERT must be submitted for each company in the consortium, by the LEA administering the consortium project - even if that company has already submitted an ERT for an individual training project.

Proposals for consortiums should include the consortium's written operating guidelines and list of officers, if any.

#### **DEFINITIONS**

**DED** Department of Economic Development

**DESE** Department of Elementary and Secondary Education

**DWD** Division of Workforce Development

**EXPANDING** An employer who is increasing the size of the company's

workforce over the peak employment level of the 365 days prior to the receipt of the application by DWD or DESE

**LEA** Local Educational Agency

MATCH The company's training related costs that were incurred

within the fiscal year and not paid for by DWD. Match is required for all training costs reimbursed through DWD.

**METROPOLITAN AREAS** The greater Kansas City and St. Louis areas. For Kansas

City this includes the City of Kansas City and Jackson, Clay and Platte counties. For St. Louis this includes the city of St. Louis and the counties of St. Louis, St. Charles,

Jefferson and Franklin

**NEEDS ASSESSMENT** Evaluation of employers operation or employees to

determine future training needs of the company

**NEW** An employer who initiates operation in Missouri after the

date the application is received by DWD or DESE

**PROPRIETARY** Training which includes curriculum and materials that the

employer considers inappropriate for public view

**RETRAINING** An employer who requires retraining to upgrade the skills

of an existing workforce

**TUITION** Fee for instruction paid on a per person basis

# Appendix

# MISSOURI CUSTOMIZED TRAINING PROGRAM AGREEMENT FOR SERVICES TO BE PROVIDED

The following agreement specifies the responsibilities of the various parties involved in a Customized Training Project. All points may not be applicable to a particular project. Additional specifics may be added when deemed appropriate by parties involved.

#### A. Project Development and Implementation Responsibilities

- A.1 Employer will complete the Employer Request for Training Assistance (ERT).
- A.2 The Local Education Agency herein called the LEA will review the ERT, conduct necessary needs assessment, obtain required documentation of training needs and suggest methods of implementing training strategies which have the potential to meet those needs.
- A.3 Employer and LEA will review and approve training strategies and activities including methods of instructional design, identification and selection of instructors or instructional systems, training of instructors, selection of training equipment, supplies and services.
- A.4 Employer and LEA will prepare the Training Activities Proposal to be submitted to the State Department of Elementary and Secondary Education (DESE) and the State Division of Workforce Development (DWD) which outlines the training needs and strategies utilizing DESE's current proposal format.
- A.5 Employer and LEA will jointly review the proposal prior to submission, agree to any changes and sign the proposal for submission (See last page of Agreement).
- A.6 LEA will submit the original copy of the proposal to DESE, with a copy to DWD on behalf of the Employer along with the <u>original</u> copy of the ERT and FV-4 forms. The Employer and the LEA will retain appropriate copies for their files.
- A.7 It is agreed and understood that only complete project proposals with original authorized signatures on required documents will be considered for funding by DESE and/or DWD.
- A.8 DESE and DWD will review the proposal and make a determination on the specific components and activities to be supported by state funding based on financial resources available.
- A.9 LEA will accept funding from DESE and/or DWD, make appropriate expenditures on behalf of the training project and maintain adequate records and documentation of project expenditures.
- A.10 Employer will provide documentation of its project expenditures to LEA and request reimbursement for approved items.
- A.11 If funded by DESE, fifty percent (50%) of the original awarded funding must be expended, documented, and submitted to DESE before January 31 or the balance between the expended funds and the amount due will be forfeited.
- A.12 LEA will document its expenditures on behalf of the training project and request payment from employer for the Employer share of authorized training costs (if any).
- A.13 Employer will forward information to LEA on the number of trainees served by the program including their completion status or progress towards completion.
- A.14 The Employer may be selected to participate in the DESE Customized Training Accountability Tool, in an effort to collect objective data which may be used to improve the program. This Accountability Tool collects data regarding the training project goals statement(s) and related project impact measures. This information is tracked at intervals of Pre-Project, End of current Contract Year, and 12 Months after the End of the Contract Year. If notified of selection, Employer agrees to provide information related to the goals stated in the Project proposal at the previously stated intervals, including 12 Months after the End of the Contract Year.

#### B. Supervision and Monitoring

- B.1 Employer and LEA will supervise and monitor the design, development, delivery and evaluation of training activities authorized by this agreement.
- B.2 Employer and LEA will agree on a procedure for mutual monitoring and supervision of authorized activities.

#### C. Development and Preparation of Curriculum

- C.1 Employer and LEA will jointly review curriculum required/developed for training activities authorized by this agreement.
- C.2 Employer and LEA will review and approve curriculum supplies and materials to be purchased for the project and the method of purchase.

#### D. Materials, Supplies and Equipment

- D.1 Employer and LEA will assess needs for instructional supplies and materials to be utilized in the project and will provide description of quantity and cost of items and outline these costs in the Training Activities Proposal.
- D.2 Employer and LEA will determine the necessity for equipment to be purchased and utilized in the project and will provide description of equipment items. It is agreed that any equipment purchased in part or full with state funds for the training program, is automatically property of the State of Missouri and will be maintained on the equipment inventory of the LEA involved with the training program.

#### E. Provision of Instruction

- E.1 Employer and LEA will agree to the method of recruitment and selection of instructors.
- E.2 Employer will assign trainees to the programs and activities.

#### F. Evaluation and Placement

- F.1 Employer and LEA will develop methods to evaluate the effectiveness of the training program and will conduct the evaluation.
- F.2 Employer and LEA will prepare the report of the program's evaluation as required by current policies and procedures. (See A.14)

#### G. Administration Responsibilities

In the conduct of a customized training program, DESE and/or DWD, the Local Education Agency, and Employer agree to the following administrative assurances and agreements.

- G.1 It is agreed that the provision of customized training services is dependent upon the receipt of funding authorization from DESE and/or DWD.
- G.2 It is agreed that the terms of program agreements can be canceled after 30 days notice by any party.
- G.3 It is agreed that DESE and/or DWD may cancel projects immediately for noncompliance with any applicable state or federal laws, rules or regulations.
- G.4 It is agreed that in the event of cancellation, payment will be made to the date of cancellation for such work that has been properly performed.

- G.5 It is agreed that records pertaining to projects will be retained for a period of five (5) years or until audited. Such records include participant and fiscal information.
- G.6 It is agreed that program records will be made available to DESE and/or DWD or their designee for the purpose of determining compliance with project agreements.
- G.7 It is agreed that DESE and/or DWD and the LEA will monitor training activities and services on an ongoing basis in order to assure that approved component activities are implemented in a manner which provides effective learning.
- G.8 It is agreed that the employer will grant reasonable access of its employees and facilities to DESE and/or DWD, the LEA or their designees for the purpose of monitoring the project.
- G.9 It is agreed that DESE and/or DWD, the LEA and employer will designate respective representatives as contact staff for the purpose of communicating details about approved training projects.
- G.10 It is agreed that no funds will be used for the construction or production of articles for resale.
- G.11 It is agreed that the employer will provide and the LEA will collect and record the appropriate trainee enrollment data for the project and submit that data to DESE and/or DWD. The appropriate data required includes trainees' names, social security numbers, and gender and race information. This information is collected as verification of training and for statistical purposes. Trainee names and Social Security numbers are not shared with outside agencies or the public.
- G.12 It is agreed that all participant information on trainees will be maintained in such a fashion that it can be verified or audited.
- G.13 It is agreed that the final project report will be prepared by the LEA and employer and submitted as required by current policies and procedures. (See A.13 and A.14)
- G.14 It is agreed that training services provided under the Missouri Customized Training Program are for purposes stated in the proposal and these services will not supplant the Employer's normal employee development and training services evidenced by historical level of activities in these areas or supplant programs currently funded from another local, state, or federal source
- G.15 It is agreed the employer will notify the LEA immediately in the event of a layoff, work stoppage, or reduction in hours for any part of the employer's workforce. Any of these situations may affect funding consideration or continued funding of an approved project.
- G.16 It is agreed the employer will be responsible for payment of training costs incurred in the event Customized Training funds are not available.

#### APPLIES TO DIVISION OF WORKFORCE DEVELOPMENT (DWD) FUNDING ONLY:

G.17 In accordance with Section 620.017, RSMo 1994 (as amended), the company agrees to use the Customized Training Program funds received pursuant to the Customized Training Contract only in the manner prescribed under the requirements of the Contract and the law. If any jobs for which training assistance has been received are moved out of Missouri or eliminated (whether by layoffs, downsizing or any other manner of termination) within five (5) years of the date the project is approved by the Division of Workforce Development, the company shall repay the Division of Workforce Development the amount of all training assistance and other amounts received by the company under the Program.

A company may be exempted in whole or in part from such repayment upon submission of documented proof to the Director of the Division of Workforce Development of unforeseen economic events such as loss of contracts, significant loss of profits or decreased demand for products or services. The Director of the Division of Workforce Development shall have the authority and discretion for final determinations as to exemption from repayment.

Cross through and initial this section if you do not agree to these terms. If the employer does not agree to these terms, they will not be considered for DWD funding but may be considered for funding through the Department of Elementary and Secondary Education.

#### SIGNATURES OF AUTHORIZED REPRESENTATIVES

The Training Activities Proposal has been jointly developed by the Employer and the Local Education Agency and is being submitted to DESE and/or DWD for funding consideration. Both parties agree to conform to the provisions and procedures outlined in this agreement if approved for funding.

Employer Name:	Local Education Agency:
1	1
Signature	Signature
(Print or Type Name/Title)	(Print or Type Name/Title)
	/
DATE	DATE
2	2
Signature	Signature
(Print or Type Name/Title)	(Print or Type Name/Title)
///	/
DATE	DATE

# COMPANY / LEA INFORMATION MISSOURI CUSTOMIZED TRAINING PROGRAM CLASSROOM SKILLS TRAINING PROJECT PROPOSAL

Company Name: Address:
Telephone Number: Fax Number: E-Mail:
Company Project Contact : Title:
Local Education Agency: Address:
Telephone Number: Fax Number: E-Mail:
LEA Project Contact : Title:
Duration of Project:
Provide a brief history and description of the company
Projected # of unduplicated trainees to be served by this project:

# MISSOURI CUSTOMIZED TRAINING PROGRAM PROJECT GOAL STATEMENT

The Missouri Customized Training Program provides classroom skill training assistance to companies requiring training over and above their normal operating needs. A successful application contains a well-organized training plan designed to meet **specific** company goal(s). The relationship of the requested training class to the company goal should be explained on each of the component description pages.

(If approved for DESE funding, the specific company goal(s) may be transferred and used for the DESE Customized Training Accountability Tool end-of-year reporting.)

	1.	Describe the <b>company goal(s)</b> this training proposal is designed to address. Include any data available to support the need for this training as well as the desired impact this training will have on the company. The goal must be specific and measurable. By each goal, please note the training component(s), which will relate to achievement of the goal. Components may be used towards more than one goal.
2.	Но	w will you know when this/these goal(s) has been achieved?
3.	Ma	entify the type of business structure best describing your firm (check all appropriate) anufacturing Distribution Service Retail her (describe)

On the following pages please outline the training required to meet this/these goal(s).

# MISSOURI CUSTOMIZED TRAINING PROGRAM COMPONENT DESCRIPTION PAGE

Component No:	Componen	t Name:											
Describe the type	of training to be adn	ninistered.											
	<del>-</del>												
Describe the training audience (occupations, function in company organization):													
Number of Trainee	es to receive training	g under this compor	nent:										
Uman assessiation a	-f th:	autiainantaill ha al	bla ta										
Upon completion of	of this component, p	articipants will be a	ble to:										
How will the offeet	iveness/impact of th	ic training be seen	النبديديات المحدد	you know									
	iveness/impact of th uccessful? How did	•	•	•									
J		5 1	, , , , ,	,,									
A. Number of Grou	ps to receive this co	mponent training:											
B. Number of Parti	cipants per Group (0	Class):											
C. Development Ho	ours:												
D. Total Instruction	Hours												
Tot. Hours Instruction	= No. Hours of actual c	lassroom Instruction pe	er day										
	Multiplied by (X)Num	ber of days	<u> </u>										
	Multiplied by (X)Num	ber of times the compo	nent was taught										
(NOTE: Proformed all	ass size is at least 10,	when possible Cons	sideration may be ain	on rogardina									
	ecialized occupations.												
by number of partici	pants. Instructional l	nours = # Class Sessi	ons X # Hour per	Class)									
Check the appropriate box(	es) indicating in which quarter	(s) of the project year develo	pment and/or training will be	completed.									
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter									
Development	July 1 - Sept 30	Oct 1 - Dec 31	Jan 1 - Mar 31	April 1 - June 30									
Instruction													
	· · · · · ·												
Training will be pro  ☐ School		□ \/ <b>o</b> nd	or 🗆 🗸	Other									
	☐ Company is checked, identify	□ Vendenthe name of the ve											
If Vendor or Other is checked, identify the name of the vendor or source to be used:													

#### Missouri Customized Training COMPONENT BUDGET DETAIL PAGE

Component No. and Name	Instr. Salaries Hours *\$/hour = Total	Dev. Salaries Hours*\$/hour = Total	Fringe Benefits	*Vendor (By Cost/Hour or Tuition/day)	Supplies ** (Describe Below)	Travel	Other (Specify) *	TOTAL
TOTAL								

A maximum of \$50/hour will be reimbursed for instruction or development salaries. DWD may make exceptions for highly technical training.

Number of Instructional Hours are determined by Total Number of Class Sessions X Number of Hours/Class Session. Number of participants is NOT a multiplier.

DESE reimburses Fringe and travel expenses for LEA personnel only.

For a complete listing of eligible costs refer to the MCTP Policies and Procedures Manual.

\*Do not list vendor cost as one line-item. Vendor costs must be broken out.

\*\*Describe Supplies:

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#### DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division of Vocational and Adult Education P.O. Box 480, Jefferson City, Missouri 65102-0480

Number: 6-920-004 **FV-4** 

#### **Application for Authorization of Vocational Education Expenditures**

						PLF	EASE	READ	INSTR	UCTIONS O	V REVERSE S	SIDE.					
Fiscal June 3	Year End 0,	ling:					Vend	lor Coo	de:	Local Education Agency (LEA):							
Progra	m Codes	(Pro	ogram a	and T	Гуре)	:				Mailing Address:							
Descri	ption of I	Prog	ram:							City and	Zip Code:						
								Iter	ns Subn	nitted For Ap	proval						
			Γ	)escr	riptio	on of	Items	3			Quantity Estimated Unit Cost			Estimated Total Cost			
												\$	000	\$			
											Total Estin	nated Cost		<b>\$</b>			
											Total Estil	nated Cost	4	Ψ			
									CERT	IFICATION							
The local e										Vocational Educ	eation as described	l on this form t	to be used t	for instruction	al programs		
It is unders	stood that th	ne titl	le to equi	ipmen	t and	teachi	ing aids	is to be	vested in	the school distric	t with accountabil	ity to the Depa	rtment of E	Elementary an	d Secondary		
and approv	No dispose ed, the Dep	ition artm	or divers ent of Ele	on of ement	use n ary an	ay be d Sec	e made v ondary l	vithout v Educatio	on is to be	partment approva credited with its s	l. If such property share of the value a	s determined b	onger used to y the sale p	for the purpos rice or fair ma	es requested irket value.		
It is further within the l		d that	the LEA	will	furnis	h the	Departn	nent info	ormation re	equired for suppo	rting claims for fu	nds, and mainta	aining finar	ncial aid inver	tory records		
Date							Signe	ed									
											(Chief Admin	istrator)					
Country	School	l r	Duo ouous		A ma a		Year	FOR Year		Expenditure	SE ONLY Reimbursement	State	Federa	al Source	Castion		
County District	Number	r	Program Code		Area Code		Paid	Chg.	Purpos e	Expenditure	Remioursement	State	redera	ai Source	Section Code		
				+													
									<u> </u>								
		Droo	gram Dire	actor.						Stata Director of	Vocational Educat			Approval D	lote.		
MO 500-013	04 (10-96)	1108	sianii Dill	CiOI						State Director of	vocational Educat	ion		Appioval L	aic		

## MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION MISSOURI CUSTOMIZED TRAINING

#### **VENDOR WORKSHEET**

PROJECT (COMPANY) NA	ME		CITY								
LEA	L	EA CONTACT PE	PERSON TELEPHONE NUMBER								
COMPONENT NAME						COMPONEN	Τ#				
<u> </u>	THIS WORKSHEET <b>MUST</b> BE CO	MPI FTFD FC	OR <b>EACH</b> COM	PONENT OF <b>EACH</b> P	PROJECT FOR <b>EACH</b> \	/FNDOR					
Instruction											
	equals (=) Number of hours of actual classroom instruction per day										
	multiplied by (X) number of										
	multiplied by (X) number of times the component was taught										
	equals (=) Total hours of						hours				
	Vendor cost per hour of	instructio	n:		(X)	\$	/ hr.				
	Total cost of instruction				(=)	\$					
Development	Total hours of developm Costs associated with the		ent of a custo	omized training pro	oject:		hours				
	Vendor cost per hour fo	r developn	nent:		(X)	\$	/ hr.				
	Total cost for developme	\$									
Supplies	Total cost of supplies Cost of supplies per traine										
	multiplied by (X) number of	of trainees	:		(=)		\$				
Travel	Total cost of Travel DESE will not reimburse for diem:		\$								
Misc.	Misc.						•				
	Other costs associated wi is necessary:						\$				
Sub-total	Total costs of classroom	n training									
	Costs associated with class	ssroom skil	ls based on	a cost per hour ba	ısis:		\$				
Training done	Number of trainees										
on a tuition basis:	Cost per Trainee(Number of hours of instru		\$								
Sub-total	Sub-total anticipated cost	of tuition b	oased trainin	g:			\$				
TOTAL ANTICI		\$									
COMMENTS:											
VENDOR NAME											
LEA REPRESENTATIVE S	IGNATURE		DA	TE							
-											
FOR STATE PU											
AMOUNT ELIGIBLE	FOR REIMBURSEMENT (DESE	NORMALLY F	REIMBURSES 5	50% OF TOTAL EXPE	NDITURES)						



# STATE OF MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION Division of Vocational and Adult Education P.O. Box 480, Jefferson City, Missouri 65102-0480

Number: 6-920-002B

FV-2

#### **Reimbursement Request for Approved Vocational Education Expenditures**

PLEASE READ INSTRUCTIONS ON REVERSE SIDE.																
Fiscal Year	ar Ending:		V	Vendor Code:					Local Education Agency (LEA):							
June 30, _			00	00-000	)		Any School AVTS or Community College									
Program (	Codes (Progra	Training D	ates (Date	ates (Date					Mailing Address:							
		range for	ali fraining	_				000 Street or PO Box #								
Description	on of Program	occurring,	for which					ty and Zip		2000						
Customiz	ed Training	reimburse requested		nt is Any Town, MO 60000 ms For Which Reimbursement Is Claimed												
		oquooiou	··· <i>)</i>	ms l	For W	hich R	leimbu	rsement	Is Clain	ned						
(1)						(3)					(4)	(5)		<b>(6)</b>		
Date		Whom				ription					te Use	Expenditure	Ch	eck No.		
Purchased	Purci	hased		(	Please	Attaci	h Invo	ices)			Only					
00/00/00-	<del></del>		A.									\$				
00/00/00	West Proc	duete	DESE					C	•		B.	Φ				
00/00/00	Instruction		500					50			В.	1000				
	Developm		250					25				500				
	Supplies	CIIt	100					10				200				
	Admin.		128					10	,,,			128				
	11011111		120									120				
				Th!-	1			E)/0	a la accedica							
				inis <b>mma</b>			<b>mpie</b> rmat.	FV2,	snowin Se	_						
					_			oorod/for								
				http://dese.mo.gov/divcareered/forms.htm to obtain this form.												
					menta											
								ning pro								
								other ap	te							
			rec	eipts	or cop	ies. (F	'g. 14	)								
	-															
	<u>.</u>							,	TOTAL E	XPFNI	DITURE	\$1.828				
									TOTALL	52 <b>XI</b>		φ1.020				
CERTIFICATI	ON							hief Admin	istrator's S	Signatur	e:					
I hereby certi	fy that the inform	ation report	ed herein is c	orrect t	o the bes	st of our										
knowledge ar	nd belief.		D . DO	N 1970 TO	ODGET		10	ORIGINAL	REQUIR	RED						
			Date: <b>D</b> O	N'T FO	ORGET	_										
				FO	R ST	ATE (	)FFI	CE USE	ONLY							
County S	ection School	Program	Ar		Year	Year	Purpos		State		Federal	Expenditure	Reim	bursement		
All: Docu	mentation ne	r quidebo	nk is attac	hed w	which s	hows i	nstruc	tion (I) C	ırriculum	n Deve	lonment (	<b>D</b> ) by hours & co	nst ne	, <del>-</del>		
	•	-									-	ense categories	-			
	plies, <b>V</b> endor,								, , , -	,				H		
	<del>.</del>		. =00/ =		-00/									Н		
A. West F	roducts - DES	s⊨ approv	aı. 50% D	0% DESE 50% reimbursement. Administration is based on reimbursed a								ursed amounts.		H		

## DESE CUSTOMIZED TRAINING ACCOUNTABILITY TOOL

Company Name: LEA Administering:						
Date:	Name of Person Completing:					
Company Contact:	LEA Phone Number:					
Company Phone Number:	Funding Year:					
SEE: http://dese.mo.gov/divca	reered//ct_policy.htm FOR THIS FORM					
Instructions: Please answer the following questions regarding the Company for which services are being provided. File for Project Impact Measure Completion by November 1 <sup>st</sup> , July 15 <sup>th</sup> , and July 15 <sup>th</sup> one year later (See Form). Copy as needed for multiple goals or reporting purposes.						
1) Industry Type						
Manufacturing (Please select type from pull down menu): <please select=""> Other: Agriculture</please>						
☐ Wholesale Distribution	Automotive Bio-Tech/Medical					
Other Manufacturing Related Busin Please Describe:	Electronic components or products ness Food Processing/Packaging Hi-Tech components or products Plastics					
2) Number of employees (at this location): < FUND Under 25, 25-100, 101-2	PLEASE SELECT> Publishing/Paper products					
3) Employee affiliation: <please select=""> Union Non-Union Both</please>						
4) How many employees will be participating i	in the program? <please select=""></please>					
5) Program participants are (Check all which ap  Management Production – Direct Production – Indirect Office Support	Under 25 25-99 100-150 Over 150					
6) What services are being provided (Check all which apply)?						
☐ ISO/Quality ☐ Process Documentation ☐ Soft Skills Training ☐ Technical Skills Training ☐ Training Development ☐ Other:  LEA Preparers Signature:						

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SEE: http://dese.mo.gov/divcareered//ct\_policy.htm FOR THIS FORM

#### **EXAMPLE 1 – DESE Customized Training Accountability Tool**

## **Section 1: Goal Statement**

Goal Statement:

A 25% decrease in equipment downtime in the production department, 12 months after the end of the contract year

Component(s) that work toward goal:

#1 Advanced PLCs, #2 Pneumatics, & #3 Quick Changeover

## **Section 2: Project Impact Measure**

Project Impact Measure: Equipment Downtime

Current (Pre-Project Implementation)	End of Contract Year	12 Months After the End of Contract Year
File w/DESE by 11/1	File w/DESE by 7/15	File w/DESE by 7/15 one yr. later
32% Downtime	32%	5%

## **Section 3: Goal Achievement**

Percentage of goal achievement:

End of Contract Year: 0%-25% (Drop-down Menu)

12 months After the End of Contract Year: 76%-100% (Drop-down Menu)

Additional Comments: In addition to a decrease in downtime, operating costs have

decreased.

#### **EXAMPLE 2 – DESE Customized Training Accountability Tool Instructions**

#### **Section 1: Goal Statement**

Goal Statement:

A 25% decrease in equipment downtime in the production department, 12 months after the end of the contract year

Component(s) that work toward goal:

#1 Advanced PLCs, #2 Pneumatics, & #3 Quick Changeover

## **Section 2: Project Impact Measure**

Project Impact Measure: Equipment Downtime

Current (Pre-Project	End of Contract Year	12 Months After the End of		
Implementation)		Contract Year		
File w/DESE by 11/1	File w/DESE by 7/15	File w/DESE by 7/15 one yr. later		
32% Downtime	32%	35%		

### **Section 3: Goal Achievement**

Percentage of goal achievement:

End of Contract Year: 0%-25% (Drop-down Menu)

12 months After the End of Contract Year: 0%-25% (Drop-down Menu)

Additional Comments: The downtime in the production department increased due to

new equipment installation

# Missouri Customized Training Program Employer Request for Training Assistance



# Missouri Customized Training Program Employer Request for Training Assistance

Business Name		Pho	Phone No. (include area code)			
Street address of Facility		City		Zip +4 Code		
Mailing Address		City			Zip +4 Code	
County	Fax No.	Email Address				
Chief Executive Officer		Project Contact Person Mr./Ms.				
Employer's Unemployment Insurance ID Number	S.I.C. Code	N.A.I.C.S. Code			code	
Briefly describe your company's products or services (please include a brochure if available), number of years in business and provide a listing of your customers.						
1. Describe the <b>type</b> , <b>purpose and amount</b> of <b>recent</b> investments your company is making at the plant site requesting assistance, if applicable. Please specify capital investments which include property, facilities and equipment.						
Type/Purpose:						
Dollar Amount: \$						
<ol> <li>Describe the new products, processes or services to be provided by your company (include estimate of annual production or sales levels, if applicable).</li> </ol>						
	ewly Created Jobs	☐ Ne	w Capi	tal Investmer	nt	
is a result of:	mployee Turnover	☐ Re	etraining	Existing Em	ployees	
4. How many new full-time jobs are you creating between July 1 and June 30, if any?		5. When do you anticipate hiring to begin?			ing to begin?	

6.	How many employees do you currently employ at this site?	7. What is the highest number of employees you have employed during the last year at this site?				
	In Missouri?					
	Nationally?	In Mis				
8.	Please give the following information for each job t training is requested. (You may attach additional st	itle/classification of new or current workers for whom heets if necessary.)				
	Job Title	No. to Be Trained	Turnover Rate (2)			
•						
	<ul> <li>(1) N = New R = Recall C = Current</li> <li>(2) Turnover Rate refers to the % of replacement</li> </ul>	required for	each position	each year.		
9. Will all trainees be employed full-time (working a minimum of 35 hours per week)?						□NO
10. Will any trainees be contract or temporary employees?					☐ YES	□NO
To. Will any trainees be contract of temporary employees:						
11.	. Are all individuals to receive training Missouri resid	lents?			YES	∐NO
12. How many full-time employees at this site are to receive training?  Average Wage of Traine \$				_	S:	
13. Is your request the result of your company's total or partial relocation?					YES	□NO
If yes, from where?						
Will relocation result in layoffs?						
, 					YES	□NO
14	. Are any employees of your company covered by a	collective b	argaining agre	eement?		
	If yes, please provide the following information:				YES	∐NO
	Union: Contact Person:					
	Address: Phone	No.:				
15. Has your company permanently eliminated any jobs in Missouri in the last 24 months?					YES	□NO
If yes, please provide location, number of employees and occupations affected and date jobs were eliminated.				ted and		

16. Does your company have any employees, in Missouri, on active layoff or been given notice of layoff?	YES NO
If yes, please provide plant location by city and state, number of employees and occupations affected and date of layoff.	
17. Will employees on layoff be recalled prior to training?	☐ YES ☐ NO
18. Has your company or any affiliated business, parent or subsidiary within your past or present company structure filed bankruptcy in Missouri or any other state within the past ten years? If yes, please describe.	r YES NO
19. Does your company have an Affirmative Action Plan or other comparable non-discrimination or Equal Opportunity Statement?	☐ YES ☐ NO
20. Are your employees provided company sponsored health insurance coverage?	☐ YES ☐ NO
21. Is your company currently pursuing other funds to assist with your training needs?  If yes, please explain.	☐ YES ☐ NO
22. What agency helped you submit this application?	
Agency/School: Contact Person: Phone	No.:
I UNDERSTAND THAT THIS IS AN APPLICATION FOR TRAINING ASSISTANCE FOR THE MISSOURI C PROGRAM AND NOT AN AUTHORIZATION TO INCUR JOB TRAINING COSTS FOR REIMBURSEMENT I FURTHER UNDERSTAND THAT AS A CONDITION OF FUNDING, SUCCESSFUL AND OTHERWISE AC WILL BE EMPLOYED BY THE COMPANY AT THE COMPLETION OF TRAINING.	CCEPTABLE TRAINEES
MISSOURI CUSTOMIZED TRAINING PROGRAM.  I AM AUTHORIZED BY MY COMPANY TO SIGN DOCUMENTS ON THE COMPANY'S BEHALF.*	
Signature of Authorized Company Executive Date	
Name (please print or type) Title	
* Application must be signed by Company President, Chief Executive Officer, Plant Manager or a Corporate Board Membe company representative, a statement must be attached verifying authorization to sign documents on the company's behalf.	

Please mail completed application to:



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Missouri Customized Training Program
Business Relations Section
PO Box 1087
Jefferson City, Missouri 65102-1087

Or submit to your local contact Email: wfdcusto@ded.mo.gov Have any questions? Please call 1-800-877-8698



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#### **GENERAL INFORMATION**

#### I. PURPOSE

The Missouri Customized Training Program assists Missouri employers with job training programs and funding to help off-set training costs for new and existing employees.

Customized Training has three goals:

- Training and retraining workers to help meet the demands of new technologies and markets;
- Create new jobs and expand the workforce; and
- Reduce the cost of training employees, increase company profits and improve worker productivity.

#### II. ELIGIBILITY

Missouri companies providing full-time regular employment (a minimum of 35 hours per week) for Missouri residents may be eligible for training assistance if one of the following criteria is met:

- Job Creation new or expanding companies creating net new jobs in the state.
- Job Retention retraining existing employees as a result of substantial new capital investments; or companies retraining existing employees as a result of the introduction of new products or services or to upgrade quality or improve productivity.
- Other eligibility criteria may be applied, such as type of occupations and wage rates.
   Industries must be a traded company providing goods and services outside the region.

Types of industries eligible may include advanced manufacturing, warehouse operations, headquarter operations and related industries that provide goods and services outside the region.

#### III. APPLICATION

If you have any questions while you are completing this application, you can call us at **1-800-877-8698** for assistance. After we receive and review your

application, if necessary a representative of the Missouri Customized Training Program will contact you to discuss your request.

Applications should be submitted 30 days prior to the start date for training or hiring; if not, funding may not be approved. Accurate information is needed and has a direct bearing on approval or subsequent repayment of training costs.

#### IV. ACTIVITIES

- Local Education Agencies coordinate skill training requests.
- Skill Training is instruction in a classroom setting at your place of business, at a local education agency or other training facility.
- Instructors may be from your staff, vendor trainers, local education agency or a combination.
- Curriculum is based on your specific training needs.

#### V. REIMBURSEMENTS

Training expenses that can be fully or partially reimbursed are:

- Instructor costs
- Instructional supplies (textbooks, workbooks, etc.)
- Curriculum development costs
- Vendor trainers used in curriculum development or as instructors

All training costs are not reimbursable. You will be asked to share in the total cost of the training.

#### VI. RECRUITMENT AND REFERRAL

For information and help finding qualified applicants, log onto <a href="www.Greathires.org">www.Greathires.org</a>. GreatHires offers comprehensive job posting and job matching services at no charge, as well as a link to our network of Business Representatives.

Please mail your completed application to:

MISSOURI CUSTOMIZED TRAINING PROGRAM
BUSINESS RELATIONS SECTION
PO BOX 1087
JEFFERSON CITY, MISSOURI 65102-1087

Or submit to your local contact Page 39

**EMAIL ADDRESS:** 

wfdcusto@ded.mo.gov

PHONE:

1-800-877-8698

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See <a href="http://www.dese.mo.gov/divcareered/ct\_policy.htm">http://www.dese.mo.gov/divcareered/ct\_policy.htm</a>